

The Department of Vermont Health Access Medical Policy

Subject: Nocturnal Enuresis Alarm

Last Review: December 28, 2016

Revision 3: January 2, 2015

Revision 2: September 9, 2013

Revision 1: January 4, 2012

Original Effective: 2004

Description of Service or Procedure

A nocturnal enuresis alarm is a type of behavioral conditioning device used to treat bedwetting. The alarm is attached to an area of clothing, typically the underwear or pajamas. When the alarm sensor becomes wet it emits an auditory and/or tactile sensation in response to the wetting occurring. The wearer then hears and/or feels the alarm, which alerts the wearer to get out of bed and void (or urinate) into the toilet. Gradually, the wearer learns to respond to the sensation of a full bladder by awakening and voiding (or urinating) into the toilet before the alarm goes off.

Disclaimer

Coverage is limited to that outlined in Medicaid Rule that pertains to the beneficiary's aid category. Prior Authorization (PA) is only valid if the beneficiary is eligible for the applicable item or service on the date of service.

Medicaid Rule

[7102.2](#) Prior Authorization Determination

[7103](#) Medical Necessity

Medicaid Rules can be found at <http://humanservices.vermont.gov/on-line-rules>

Coverage Position

A nocturnal enuresis alarm may be covered for beneficiaries:

- When the nocturnal enuresis alarm is prescribed by a licensed medical provider enrolled in the Vermont Medicaid program who is knowledgeable in the use of nocturnal enuresis alarm and who provides medical care to the beneficiary AND
- When the clinical guidelines below are met.



Coverage Criteria

A nocturnal enuresis alarm may be appropriate for a beneficiary who:

- Is at least six years of age. **AND**
- Has been evaluated by a physician who has excluded potential physical or organic causes of enuresis. **AND**
- Has documented evidence of conservative treatments including but not limited to: fluid control, timed voiding, alarmed voiding. **AND**
- Experiences bedwetting a minimum of three nights a week in the previous month, or at least one wetting episode weekly for the last year. **AND**
- Has the cognitive ability to respond to the conditioning program. **AND**
- Will continue to be followed by their physician to ensure compliance to the conditioning program. **AND**
- Has been properly trained in the use of the alarm and/or whose caregiver has been trained to use the alarm.

Clinical guidelines for repeat service or procedure

Repeat service or procedure is limited to the guidelines as noted above.

Type of service or procedure not covered (this list may not be all inclusive)

Enuresis alarms are not covered for a beneficiary who:

- Has a medical condition that does not allow response to continence training (e.g. lack of sensation in the bladder or urinary sphincter).
- Has psychological distress which has been determined to be the cause of the enuresis.

References

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